

FILED JAN 19 1949

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

3008

341

BIRTH NO.

318

REG. NO.

HOMER G. PHILLIPS HOSPITAL 1002

Registrar's No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE b. COUNTY			
5. CITY (If outside corporate limits, write RURAL and give township) OR TOWN				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
a. (First)				b. (Middle)			
c. (Last)				5. DATE (Month) (Day) (Year)			
Thomas A. Marrah				Jan 10 1949			
5. SEX		6. COLOR OR RACE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH	
M. C. W.		W.		Married		Mar 21 1886	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
Bus Driver		Public Service		Desota Mo.			
13a. FATHER'S NAME				13b. MOTHER'S MAIDEN NAME			
Daniel Marrah				Mary Wideman			
14. NAME OF HUSBAND OR WIFE				Ellen			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)				16. SOCIAL SECURITY NO.			
No.							
17. INFORMANT'S SIGNATURE OR NAME				ADDRESS			
Ellen Marrah				4405 Nebraska Ave.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)			
				Acute Coronary Occlusion			
				Antecedent Causes			
				Chronic Coronary Arteriosclerosis			
				Chronic Myocarditis			
				Chronic Bronchial Asthma			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
None				None			
20. AUTOPSY?				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)				21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
21f. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from 11/15/48 to Jan 10, 1949 that I last saw the deceased alive on Jan 10, 1948, and that death occurred at 10 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title)				23b. ADDRESS			
George J. McLean M.D.				2903 Olive			
23c. DATE SIGNED							
1/11/49							
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
Burial		1-13-49		New St. Marcus Cem.		St. Louis Mo.	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
JAN 11 1949		J. B. Lasater		Wm. Schumacher		3013 N. B. RAMES	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 25 1949

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Jack Haupt

Student Embalmer No. *231*

working under my personal supervision.

Signed *Jack Haupt*.....
Student Embalmer

Signed *Francis Williamson*

Licensed Embalmer No. *3565*

P. O. Address *St. Louis, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.